

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/624,319

SMEE et al.

Examiner: Shuwang Liu

Filed: 7/24/2000

For: METHOD AND APPARATUS
FOR PROCESSING A
MODULATOR SIGNAL USING
AN EQUALIZER AND A RAKE
RECEIVER

) Group No. 2634

RECEIVED

OCT 29 2004

Technology Center 2600

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 8/6/2004, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

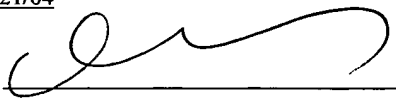
I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao
(type or print name)

Date: 10/21/04

Signature: 

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

2636
41

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000343
In Re Application of: SMEE et al.
Serial Number: 09/624,319
Filed: 7/24/2000
Examiner: Shuwang Liu
Group Art Unit: 2634**RECEIVED**
OCT 29 2004
Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	50	52	0	x \$18 =	\$0
Independent**	6	6	0	x \$88 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$300	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$430
				<input type="checkbox"/> Three Months	\$980
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 10/21/04

Signature: *Arti A. Kane*Arti A. Kane, Limited Recognition
858-845-2650QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-4125
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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(type or print name)

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Signature: *Karyn D. Lao*

FACSIMILE

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Depositor's Name: _____
(type or print name)

Signature: _____